

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet 1 of 3

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| Application Number | 10/531,545 | |
| Filing Date | (Int'i) October 20, 2003 | |
| First Named Inventor | Adam SIDDIQUI-JAIN | |
| Art Unit | Not Yet Assigned | |
| Examiner Name | Not Yet Assigned | |
| Attorney Docket Number | 532232000900 | |

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| Examiner | /Pariamin Blumal/ | Date | 01/18/2007 |
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| Sub | Suive for form 1449/P | 10 | | Application Number | 10/531,545 | |
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| | TATEMEN' | - | | First Named Inventor | Adam SIDDIQUI-JAIN | |
| | MICHE | | | Art Unit | Not Yet Assigned | |
| | (Use as man | y sheets as n | ecessary) | Examiner Name | Not Yet Assigned | |
| Sheet | 2 | 01 | 3 | Attorney Docket Number | 532232000900 | |

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| INF | ORMATI | ON DI | SCLOSURE | Filing Date | (Int'l) October 20, 2003 | |
| | | | APPLICANT | First Named Inventor | Adam SIDDIQUI-JAIN | |
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| | (Use as many sheets as necessary) | | | Examiner Name | Not Yet Assigned - | |
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^{*}EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

| Examiner | /Benjamin Blumel/ | Date | 01/18/2007 |
|-----------|---------------------|------------|------------|
| Signature | / Denjumin Brazier/ | Considered | |

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

ALTERNATIVE TO PTO/SB/08A/B (09/06)

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Sheet 1 of

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|------------------------|--------------------------|--|--|
| Application Number | 10/531,545 | | |
| Filing Date | (Int'l) October 20, 2003 | | |
| First Named Inventor | Adam SIDDIQUI-JAIN | | |
| Art Unit | 1648 | | |
| Examiner Name | B. Blumel | | |
| Attorney Docket Number | 532232000900 | | |

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|-----------------------|--------------|---|--------------------------------|--|---|
| Examiner Initials* | Cite No.1 | Document Number Number-Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Examiner | Cite | Foreign Patent Document | Publication Date | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | |
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| Examiner (D. | Disease II | Date | 10/05/2007 |
| Signature /Benja | amin Blumel/ | Considered | 10/00/2001 |

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^{&#}x27;Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.



Complete If Known Ballianing Substitute for form 1449/PTO 10/531,545 Application Number (Int'l) October 20, 2003 INFORMATION DISCLOSURE Filing Date Adam SIDDIQUI-JAIN STATEMENT BY APPLICANT First Named Inventor Not Yet Assigned linU nA (Use as many sheets as necessary) Not Yet Assigned Examiner Name 532232000900 Attorney Docket Number 3 of Sheet

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| Examiner | /Benjamin Blumel/ | Considered | | |
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| Examiner | | Date | 01/18/2007 |
|-----------|-------------------|------------|------------|
| Signature | /Benjamin Blumel/ | Considered | 01/10/100: |

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| Subs | titute for form 1449/P | 10 | | Application Number | 10/531,545 | |
| IN | FORMATI | ON DIS | SCLOSURE | Filing Date | (Int'l) October 20, 2003 | |
| | STATEMENT BY APPLICANT | | | First Named Inventor | Adam SIDDIQUI-JAIN | |
| 3 | | | | Art Unit | Not Yet Assigned | |
| | (Use as many sheets as necessary) | | Examiner Name | Not Yet Assigned | | |
| Sheet | 3 | of | 3 · | Attorney Docket Number | 532232000900 | |

| | | 4000,004,505,504 | |
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^{*}EXAMINER: Initial if Information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

| | Date | 01/18/2007 |
|----------------------------|------------|------------|
| Examiner /Benjamin Blumel/ | Considered | 01/10/2007 |
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^{&#}x27;Applicant's unique citation designation number (optional). 'Applicant is to place a check mark here if English language Translation is attached.